

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)
FR030158

Application No. 10/584,096

Filed: June 22, 2006

For: DATA RECEIVER HAVING MEANS FOR MINIMIZING INTERFERENCE AND METHOD USED IN SUCH A RECEIVER

Art Unit: 2618

Examiner: Ping Y. Hsieh

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>130</u>	\$ <u>65</u>	\$ <u>0</u>
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>490</u>	\$ <u>245</u>	\$ <u>490.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1110</u>	\$ <u>555</u>	\$ <u>0</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1730</u>	\$ <u>865</u>	\$ <u>0</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>2350</u>	\$ <u>1175</u>	\$ <u>0</u>

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account #50-1123.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

- ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 52,411.
- ☐ attorney or agent under 37 CFR 1.34. Registration number acting under 37 CFR 1.34 _____.

Signature

Scott J. Hawranek

Typed or printed name

Date

(719) 448-5920

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 form is submitted.